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|-------------------------------|---|--------------|--------------------------|---------------------------------------|
| SERIAL NUMBER 10/634,321 ✓ | FILING DATE 08/04/2003 RULE ✓ | CLASS 424 | GROUP ART UNIT 1616 ✓ | ATTORNEY DOCKET NO. AXP-0003B ✓ |
|-------------------------------|---|--------------|--------------------------|---------------------------------------|

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/597,206 06/20/2000 PAT 6,602,522
 which is a CIP of 09/335,575 06/18/1999 PAT 6,077,541 ✓
 which is a DIV of 08/970,489 11/14/1997 PAT 6,096,340 ✓
 and is a CIP of 09/143,167 08/28/1998 PAT 6,174,548 ✓

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/31/2003

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|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | STATE OR COUNTRY FL | SHEETS DRAWING 0 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 3 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

Pharmaceutical formulation ✓

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|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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